## **APPLICATION DATA SHEET**

## **Application Information**

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Title:: Hand Held Oral Irrigator

Attorney Docket No.:: 1985/US/2

Request for Early Publication?:: No

Request for Non-Publication?:: Yes

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 19

Small Entity:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name :: Clifford J.

Family Name :: Snyder

City of Residence:: Fort Collins

State of Residence::

Country of Residence:: US

Street of Mailing Address:: 509 East Prospect Road

City of Mailing Address:: Fort Collins

State of Mailing Address:: CO

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 80525

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name :: Gary L.
Family Name :: Sokol

City of Residence:: Longmont

State of Residence:: CO

Country of Residence:: US

Street of Mailing Address:: 4526 Lucca Drive

City of Mailing Address:: Longmont

State of Mailing Address:: CO
Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 80503

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name :: Roberta L. Family Name :: Callaghan

City of Residence:: Fort Collins

State of Residence:: CO

Country of Residence:: US

Street of Mailing Address:: 3006 Placer Court

City of Mailing Address:: Fort Collins

State of Mailing Address:: CO

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 80526

## **Correspondence Information**

Phone Number::		(303) 629-3407, (303) 629-3400	
Fax Number::		(303) 629-3450	
E-Mail Address::		pinto.jim@dorsey.com	
Representative Information			
Representative Customer Number::		20686	
Domestic Priority Information			
Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	non-provisional of	60/437,300	December 31, 2002
Assignee Information			
Assignee Name::			
Street of Mailing Address::			
City of Mailing Address::			
State of Mailing Address::			
Country of Mailing Address::			
Postal or Zip Code of Mailing Address::			

20686

Correspondence Customer No.::